BELLA VIA
Skin and Body Therapies

PREGNANCY MASSAGE INTAKE FORM

Name:_____ DOB:_____ Age:_____Today's Date: _____

Address:_____ City:_____ State:_____ Zip Code:_____

Home Phone:_____ Cell:_____ Work: _____

Email Address:_____Occupation: _____
(Your email address will be used for appointment confirmations, quarterly newsletters, and to alert you of specials and promotions.)

How were you originally referred to Bella Via? (Please circle and add note if applicable.)
Dr. Colville Dr. Zavell Website Friend: _____
Other: _____

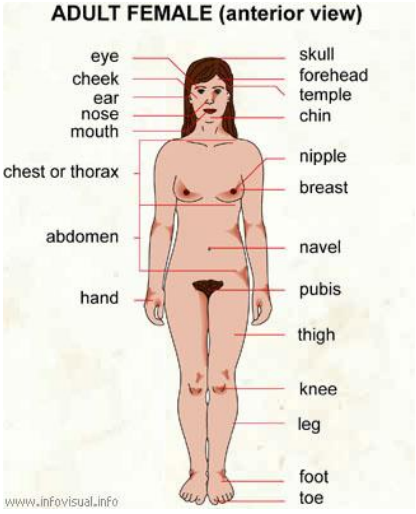
Week of Pregnancy: _____ Expected Due Date: _____

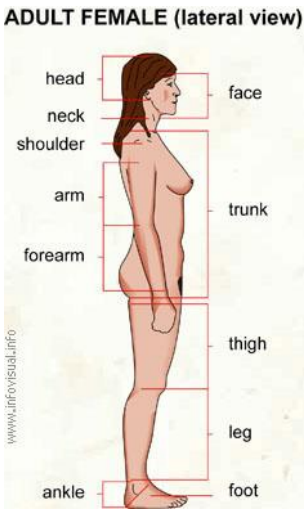
Physician: _____

Please check any complication or condition you may have experienced during this pregnancy:

_____multiple pregnancy (twins)
_____gestational diabetes
_____placental dysfunction
_____high blood pressure
_____pre-eclampsia
_____threatened miscarriage
_____premature labor
_____heart disease
_____bladder infection
_____swollen hands and/or feet
_____varicose veins
_____phlebitis
_____leg cramps
_____restless legs
_____headaches
_____heartburn
_____indigestion
_____constipation
_____hemorrhoids
_____difficulty sleeping

Please indicate any areas where you have tension, discomfort, or pain:





Is there any area that you would like the massage therapist to particularly focus on during your massage session?

Is there anything else you want your massage therapist to know about your health or pregnancy?

MEDICAL HISTORY

Please check any of the following conditions that apply to you:

_____Arthritis/Rheumatism	_____Asthma	_____Back Pain
_____Blood Clots	_____Bursitis	_____Cancer: type_____
_____Carpal Tunnel Syndrome	_____Diabetes	_____Joint Promblems
_____Eczema/Psoriasis	_____Heart Problems	_____Lymph Node Removal
_____Fibromyalgia	_____Infectious Disease	_____Varicose Veins
_____Hepatitis	_____Nail/Foot Fungus	
_____Immune Deficiency Disease	_____Open Wounds/Infections	
_____Migraine Headaches	_____Seasonal Allergies	
_____Sciatica	_____Thyroid Condition	
_____TMJ	_____Torn Rotator Cuff	

Do you suffer from excessive stress or depression? If yes, please explain: _____

Do you have circulation problems or do you bruise easily? _____

Do you have any allergies to lotions/oils, seaweed/iodine, or medications? _____

Have you ever had a stroke or any other major injury? If yes, please explain: _____

Do you wear contact lenses? _____

Do you participate in physical/sports activities? If yes, which types and how often? _____

List all surgeries you have had within the last five years: _____

List any medications, herbals, and vitamins that you are currently taking: _____

OCCUPATIONAL CONCERNS

Please check any of the following conditions that apply to you:

_____Heavy lifting	_____Hazardous substances	_____Computer work
_____Repetitive functions	_____Prolonged sitting	_____Prolonged standing

BODY SPECIFICS

What are your expectations of the body treatment you will receive today? _____

_____

Do you prefer a light or firm touch with your massage? _____
Are you interested in aromatherapy incorporated into your treatment today? _____
Where are your specific areas of complaint, pain or tension? _____

_____

Have you had a professional massage before? _____
If yes, when? _____
If yes, do you receive massages on a regular basis? _____

Do you have any spinal problems? _____
Are you especially sensitive to touch/pressure in any specific areas? _____

_____

Do you get muscle cramps? If yes, where? _____

Pregnancy Massage Information and Informed Consent

Massage during pregnancy provides many benefits; It enhances circulation, supporting the work of your heart, and increasing the oxygen and nutrients delivered to your baby. It can relieve the sensation of heaviness and aching in your legs caused by swelling or varicose veins. It can optimize your muscle tone and function, relieve muscle strain and fatigue, and reduce strain in your joints. Pregnancy massage reduces stress and promotes relaxation, contributing to a healthier pregnancy. If you have been told that your pregnancy is high-risk, please notify the therapist.

Please read and sign the acknowledgment below:

I have received and read written information concerning the possible benefits of massage therapy. I verify that I am experiencing a low-risk pregnancy, and have stated all of my known medical conditions. I understand that I will be receiving massage therapy for the purpose of stress reduction, relief from muscle tension or spasm, and/or for an increase in circulation and energy flow. I understand that the massage therapist does not diagnose illness, and, as such, the massage therapist does not prescribe medical treatment or pharmaceuticals, nor does she perform any spinal manipulations. I am aware that this massage is not a substitute for medical examination/diagnosis and that it is recommended that I see a physician for any ailment that I may have. I understand and I agree that I am receiving massage therapy entirely at my own risk. In the event that I become injured either directly or indirectly as a result, in whole or in part, of the aforesaid massage therapy, I hereby hold harmless and indemnify the therapist, their principals, and agents from all claims and liability whatsoever.

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Signature: _____ Date: _____

Thank you for visiting Bella Via!

Affiliated with Reconstructive & Aesthetic Surgeons, Inc.
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